

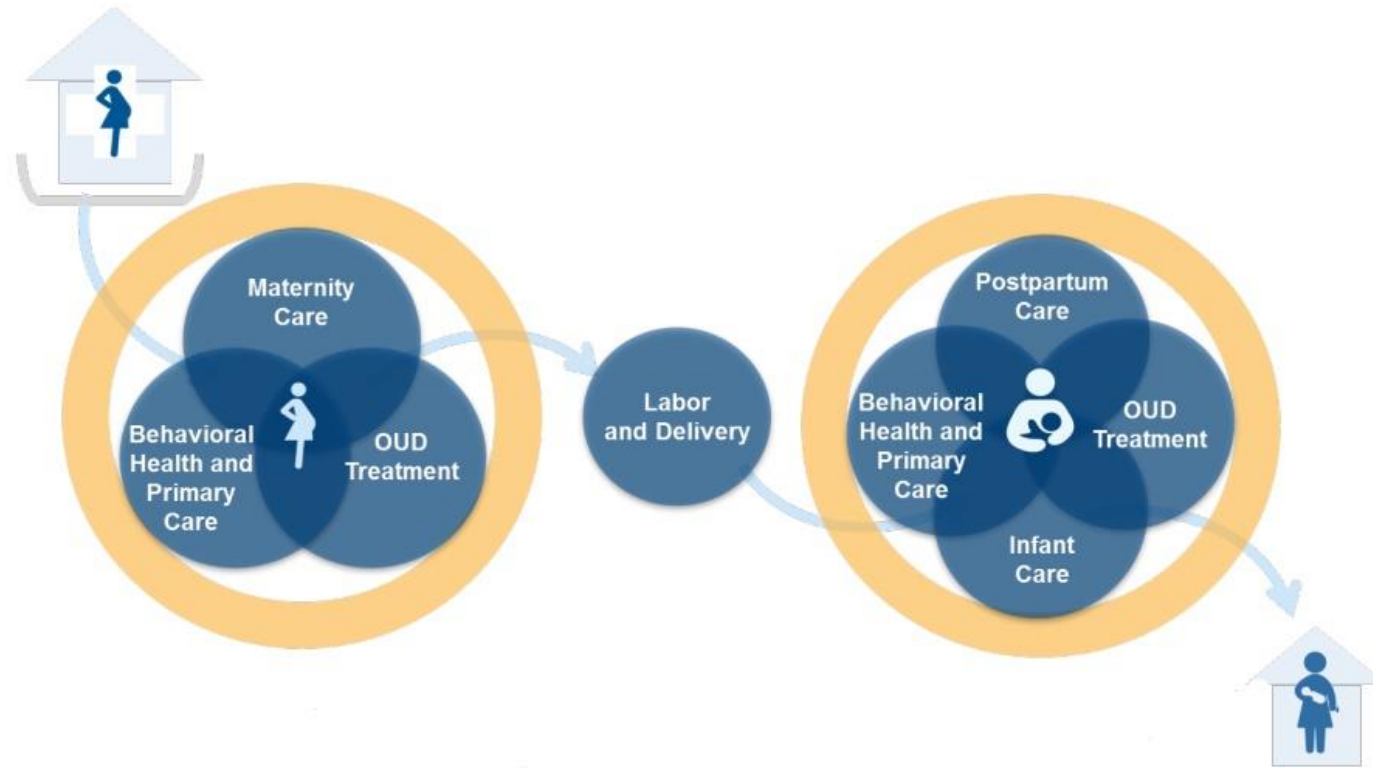


Indiana Pregnancy Promise Program

**Promoting Recovery from Opioid use:
Maternal Infant Support and Engagement**

A part of the U.S. Centers for Medicare & Medicaid Services Maternal Opioid Misuse grant

U.S. Centers for Medicare & Medicaid Services Maternal Opioid Misuse grant



This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,211,309 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government

Pregnancy Promise Program Project Team

- Elizabeth Wahl- Program Director
- Carey Michels- Project Specialist
- Dr. Maria Finnell- Chief Medical Officer
- Janice Childress- Data Coordinator
- Isaac Alumbaugh- Data Scientist
- Paul Beatty-Systems Analyst
- Andrea Vermeulen- Federal Grants Coordinator
- Dr. Daniel Rusyniak- FSSA Secretary- Grant Applicant



Figure 25: Did substance use disorder contribute to the death?
MMRIA Decisions Form (n=63)

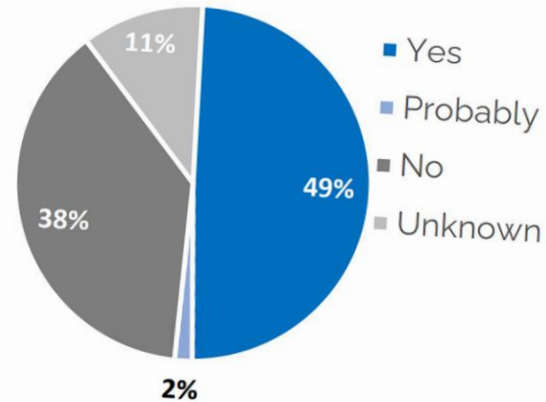
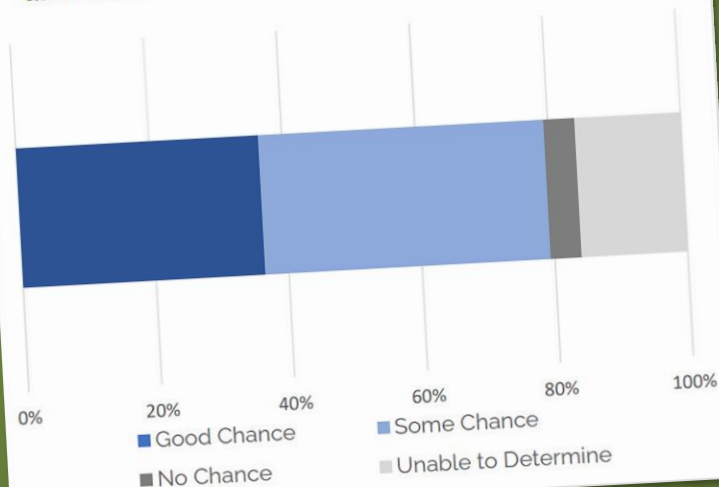


Figure 28: Chance to alter outcomes
Almost 80% of all pregnancy-associated deaths reviewed had either a **Good Chance** or **Some Chance** to alter the outcome:



Why is the IN Pregnancy Promise Program Important? MMRC December 2020-2022:

- OUD is increasing in Indiana and nationwide, especially among women, CDC.
- Substance use disorder was the most common contributing factor to maternal deaths, and likely contributing to over half of all pregnancy-associated deaths 2018-2020.
- The Maternal Mortality Review Committee deemed 87% of reviewed pregnancy-associated deaths were preventable.
- MOUD is recommended during pregnancy & has a high rate of success – ACOG, 2017.

What is the Indiana Pregnancy Promise Program?

The Indiana Pregnancy Promise Program is a free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past.

The goals of the Pregnancy Promise Program are for participants to:

- Enter prenatal care
- Access opioid treatment needed to achieve sustained recovery
- Receive ongoing support and follow-up care for the mother and infant during and after pregnancy
- Provide hope and set a strong foundation for the future



Who can participate?

The Pregnancy Promise Program is available to pregnant individuals in the state of Indiana. To be eligible, participants must meet the following criteria:

- Pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous opioid use
- Be eligible for or receive Medicaid health coverage

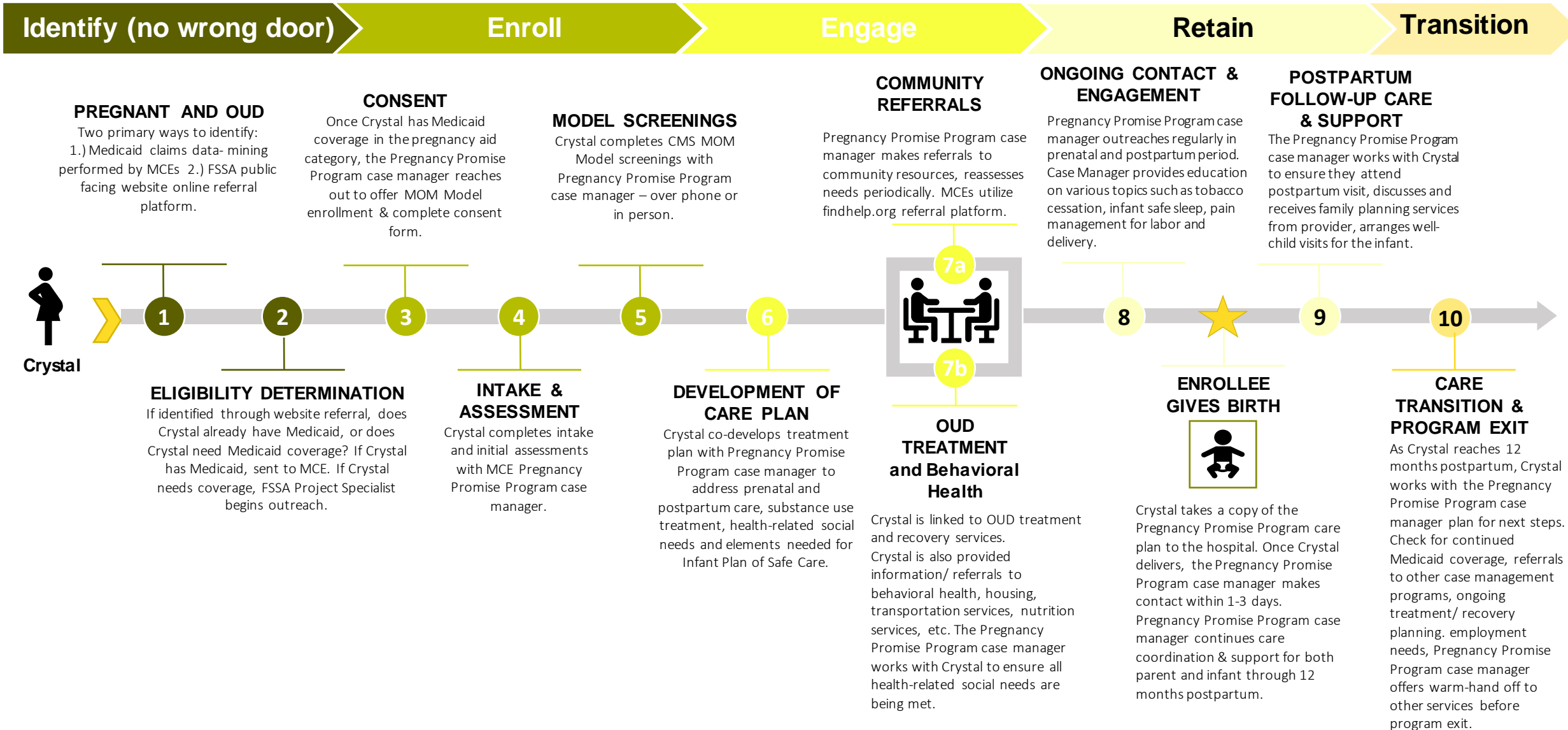


Program Experience

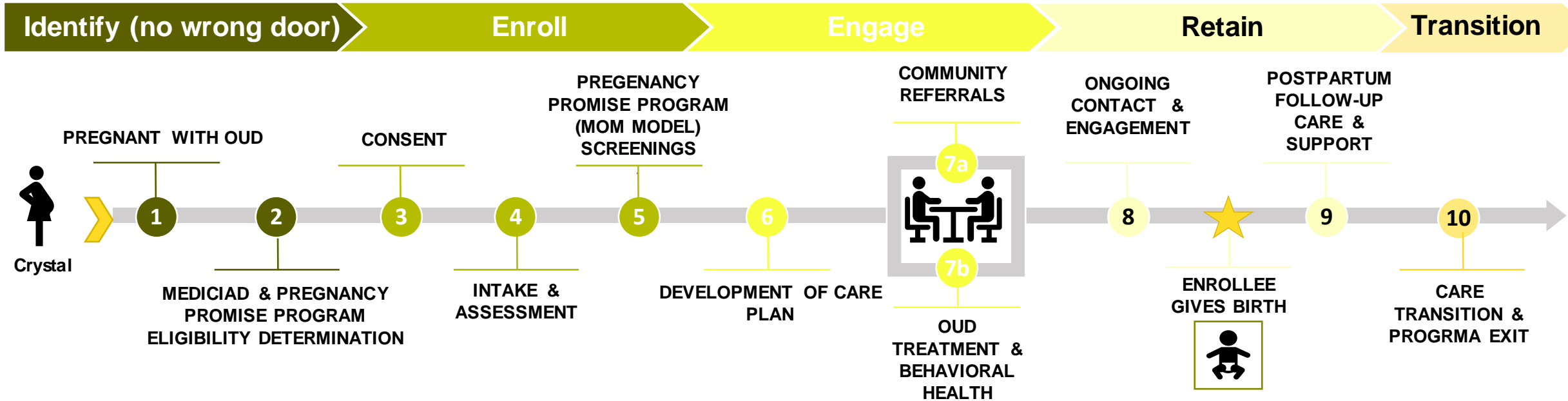
- Identify pregnant member with OUD
- Referral (“No Wrong Door” approach)
- Consent from potential enrollee
- Indiana Pregnancy Promise Program enrollment
- Initial assessments and screenings
- Care plan development
- Frequent engagement prenatal and postpartum
- Periodic review, reassessment and referrals
- Care coordination through 12 months for mother/infant
- Transition/program exit



CMS MOM Model (IN Pregnancy Promise Program) Beneficiary Journey Map



CMS MOM Model (IN Pregnancy Promise Program) Beneficiary Journey Map



Key Considerations & Risks

- Crystal qualifies for Package E Medicaid – Emergency Service Only, cannot enroll in the Pregnancy Promise Program. Referred to IN 211 and/or DMHA for linkage to services.
- Crystal does not have OUD but looking for help with pregnancy Medicaid coverage.
- MCEs must attempt contact with potential enrollee within 2 business days of receiving referral.



- Pregnancy Promise Program case manager makes weekly attempts to reach Crystal, but attempts are unsuccessful.
- MCE engages a community health worker (CHW) to contact Crystal at home. If Crystal is experiencing homelessness or a period of incarceration there are additional complexities. Crystal may enroll into the pregnancy Promise Program case manager up to 90 days postpartum.



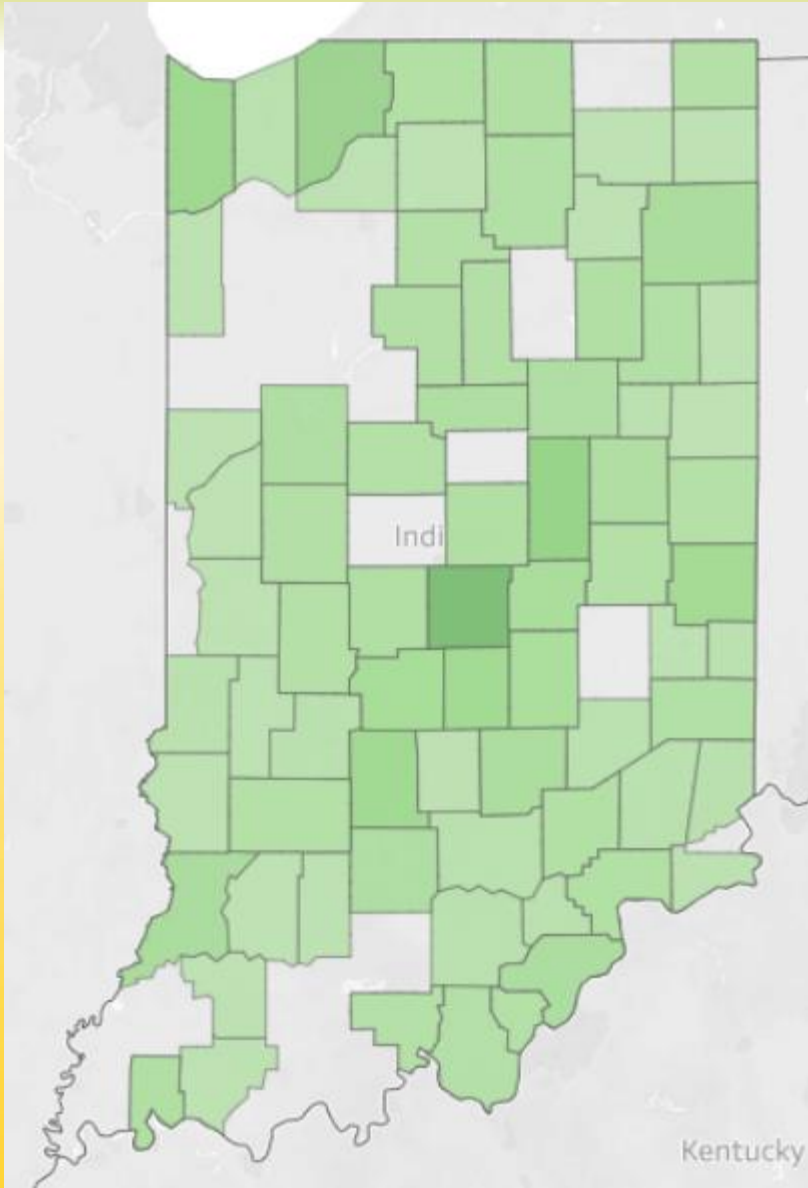
- Pregnancy Promise Program case manager asks for Crystal's consent to share care plan to other providers such as OB, MAT prescriber, MH Clinician, DCS Family Case Manager, Nurse-Family Partnership, etc.
- Indiana is not required to report substance use during pregnancy, DCS may or may not become formally involved after infant is born.
- Crystal is unsure about entering residential treatment program but welcomes support from a Certified Peer Recovery Coach and continues with Buprenorphine prescription.
- Crystal expresses interest in Pregnancy Promise Program childcare benefit.



- Pregnancy Promise Program case manager attempts to call Crystal to hear how birth experience went and to discuss ongoing OUD treatment and recovery services, provide breastfeeding support, but Crystal's phone was lost, misplaced or stolen.
- Pregnancy Promise Program case manager continues contact attempts via home visit, email, mailing a letter to maintain communication until Crystal has a working phone again.
- Crystal has a new phone number, but lost Pregnancy Promise Program case manager's phone number. Crystal reaches out to FSSA to get contact information. FSSA works with Crystal and Pregnancy Promise Program case manager to reestablish contact.



- Crystal has been checking in with Pregnancy Promise Program case manager regularly throughout postpartum period. Is doing well in recovery and infant is thriving.
- Crystal has childcare in place and part-time employment. Crystal will receive Medicaid coverage through the Healthy Indiana Plan after her pregnancy Medicaid coverage ends at 12 months postpartum.

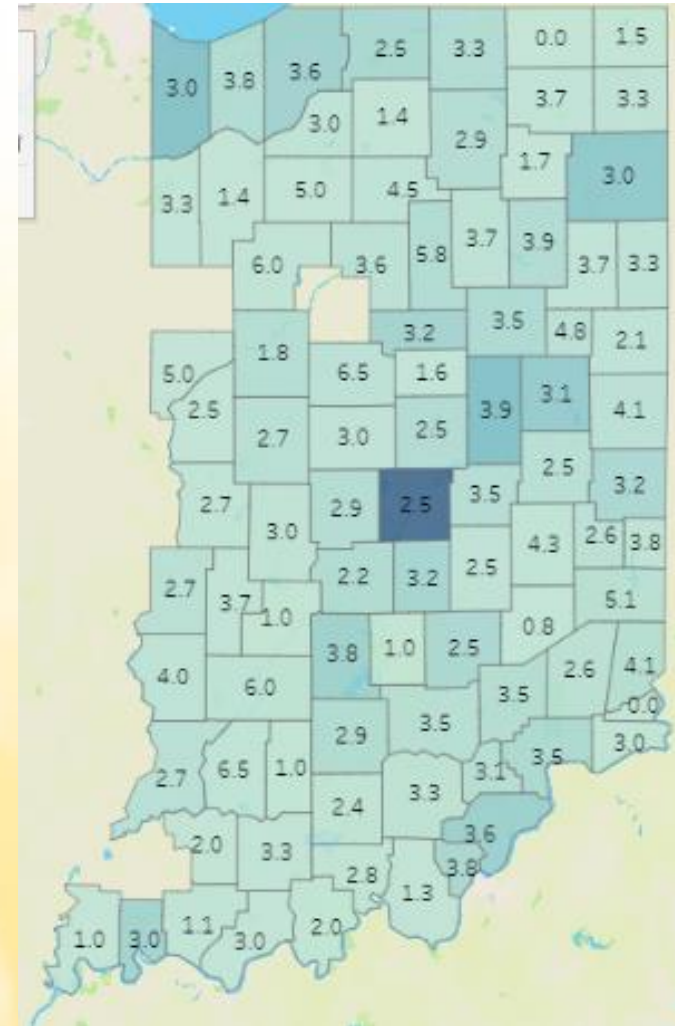


Referral and Enrollment Updates as of 4/24/2023

- 3,245 individuals outreached statewide
- 465 individuals enrolled statewide
- 967 referrals received through the website
 - 787 self-referrals
 - 48 loved one referrals
 - 132 provider referrals
- 79 counties with enrollment
- 106 referrals through the website fully enrolled

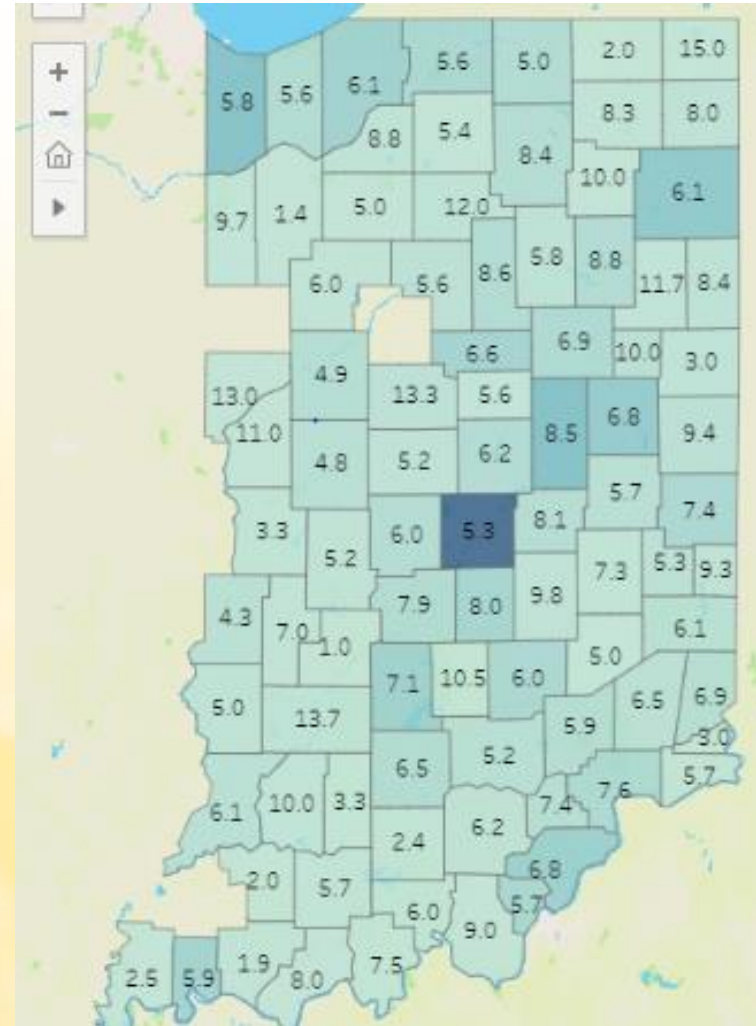
Average Contact Attempts Until Member is Reached

- Member reached= the first time a member is successfully contacted.



Average Number of Contact Attempts Until Care Plan Completed

- When the care plan is completed, the member is fully enrolled!





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2022
ANNUAL REPORT

"With the Pregnancy Promise Program,
I felt treated like a human,
I felt like **someone**
was listening to me."



YEAR 1 : JULY 1, 2021, TO JUNE 30, 2022

275 Pregnancy Promise Program enrollments	75% Of infants with hospital stay of five days or fewer
97% Program retention rate	93% Of participants achieved sustained recovery during enrollment
82% Of infants born at healthy birth weight	100% Survival rate (overdose or otherwise)

» Highest enrollment among Maternal Opioid Misuse Model states in Year 1 «

OUTREACH AND ENROLLMENT, YEAR 1

20 Hospital and community events with My Healthy Baby initiative (IDOH, DCS, FSSA collaboration)	394 Website referrals
68 Of Indiana's 92 counties with enrollment	1,776 Prospective enrollees identified and contacted
158 Community partner organizations engaged	64% Of participants enrolled during the prenatal period



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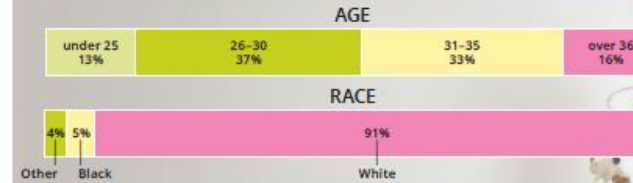


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ENROLLEE DEMOGRAPHICS*



PROVIDERS AND CASE MANAGEMENT

12 Full-time RN or LSW case managers	1,764 Successful case manager and enrollee contacts
35:1 Enrollee to case manager ratio	98% Of enrollees screened for health-related social needs within seven days
826 Provider professionals trained through our collaboration with IU project ECHO	219 Health-Related Social Needs referrals made (housing, transportation, safety, etc.)

SERVICE UTILIZATION, YEAR 1

78% Of participants received OUD treatment services	72% Received medication for opioid use disorder
85% Of participants who enrolled during pregnancy received prenatal care	24 Infants enrolled in Pregnancy Promise childcare benefit



"Being a Pregnancy Promise Program case manager
has been so fulfilling, both
intellectually and emotionally.
I am making a difference in someone's life."

*A link to the full report can be found on the Pregnancy Promise Program website: www.pregnancypromise.in.gov

CMS and FSSA Program Measures

- Address health-related social needs
- Initiation and engagement of OUD treatment
- Continuity of MOUD in pregnancy, at delivery and after
- Postpartum care and healthy birth-spacing, family planning (LARC)
- Infant outcomes, birth weight, NICU stay, pharmacological treatment



Questions?

